

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/22/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/16/2013
Date of Injury:	10/22/2010
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003543

- 1) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325mg # 90 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for two boxes of Medrox Patches **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for one series of three Synvisc injections **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325mg # 90 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for two boxes of Medrox Patches **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for one series of three Synvisc injections **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Expert Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 16, 2013:

“The patient is a 65 year old male with a date of injury of 10/22/2010. Under consideration are prospective requests for Norco, Medrox and Synvisc injections. Records submitted for review indicate that the patient is being treated for bilateral knee and shoulder pain. Recent examination findings showed decreased range of motion and tenderness in the knees and shoulders. The patient underwent left shoulder arthroscopic surgery in May 2013. He has been diagnosed with left knee degenerative joint disease, right knee chondromalacia patella, possible loose body, left knee, right shoulder subacromial bursitis, right shoulder impingement, and medial meniscal tear, right knee. Recent treatments have included medications and viscosupplementation injections.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review dated 7/26/2013
- Utilization Review Determination provider by the [REDACTED].

- Medical Records from 8/31/2012 through 5/01/2013
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Norco 10/325mg # 90:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Opioids, Norco, page 91, which is part of the MTUS. The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines, Long-Term Opioid use, pages 88-89, which is a part of the MTUS.

Rationale for the Decision:

The employee sustained a work related injury on October 22, 2010. The records provided for review indicate treatments have included left shoulder surgery, medications, and viscosupplementation injections. The request is for Norco 10/325mg #90.

MTUS Chronic Pain Guidelines indicate that a satisfactory response to treatment may be indicated by the employee's decreased pain, increased level of function, or improved quality of life. The medical records provided for review indicate the employee has been taking Norco 10/325 mg for chronic pain for more than 6 months. At the time of the request the employee was one week status post shoulder surgery. The medical report of May 28, 2013 notes that the employee rated the pain being experienced at 5/10. Further, the records document that the Norco and Medrox patches are providing the employee with pain relief and increase function. The request for Norco 10/325mg #90 **is medically necessary and appropriate.**

2) Regarding the request for two boxes of Medrox Patches:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Topical Analgesics, page 111-113, which is a part of the MTUS. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work related injury on October 22, 2010. The records provided for review indicate treatments have included left shoulder surgery, medications, and viscosupplementation injections. The request is for two boxes of Medrox patches.

MTUS Chronic Pain guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical report of August 31, 2012 notes that the employee was started on Medrox patches due to 7/10 neck and back pain.

The medical records indicate that the pain radiates with numbness down both arms and legs, which extends to hands and feet. The records provided for review did not contain documentation regarding a failed trial of 1st line medication for neuropathic pain. The request for two boxes of Medrox patches **is not medically necessary and appropriate.**

3) Regarding the request for one series of three Synvisc injections:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) Current Version, Knee Complaints, which is not a part of the MTUS. The Expert Reviewer found no section of the MTUS applicable and relevant to the issue at dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work related injury on October 22, 2010. The records provided for review indicate treatments have included left shoulder surgery, medications, and viscosupplementation injections. The request is for three Synvisc injections.

Official Disability Guidelines recommend repeat injections only if there is significant improvement in symptoms for 6 months or more. The medical records provided for review indicate that the employee had received Synvisc injections in January of 2013 with decreased symptoms, but it is unclear for how long. The medical report requesting the new injections was not made available for review. The request for three Synvisc injections **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/slm

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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